

STATE PREVENTION INVENTORY - MISSISSIPPI PROFILE

STATE PREVENTION SYSTEM

Structure and Organization

The Mississippi Department of Mental Health administers the public system of alcohol and drug abuse prevention and treatment services in the State. Three Bureaus comprise the Department:

- Bureau of Administration
- Bureau of Mental Health
- Bureau of Mental Retardation

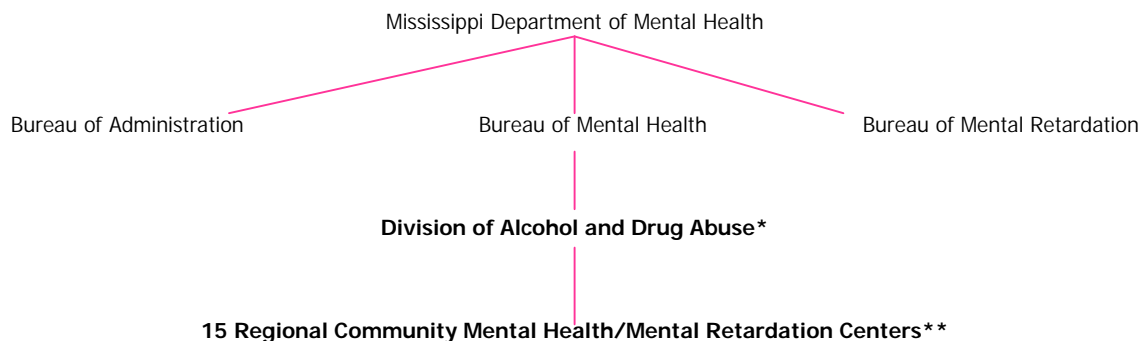
The Division of Alcohol and Drug Abuse (DADA), under the Bureau of Mental Health, is the lead State agency in combating alcohol, tobacco, and other drug (ATOD) dependency and problems. The agency's outreach and prevention service delivery relies on 15 Regional Community Mental Health/Mental Retardation Centers within the State. These 15 regional centers are the primary service providers with whom the Department contracts to provide a continuum of community-based ATOD services, including prevention, intervention, and treatment. Programs within these 15 regional centers are required to address at least three of CSAP's six primary prevention strategies.

DADA is responsible for administering the fiscal resources for alcohol and drug abuse prevention and treatment services. Funding for these is derived from both Federal and State sources. Federal funding sources include:

- Substance Abuse Prevention and Treatment Block Grant
- Social Services Block Grant
- Center for Substance Abuse Treatment grant to conduct a statewide needs assessment

State funding for prevention and treatment services is derived from a 3% tax on alcohol and from State general funds.

Organizational Chart



* The Division is responsible for overseeing and coordinating prevention activities in the State.

** These Centers are responsible for delivering prevention services throughout the State.

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FUNDING AND RESOURCES

Year (FFY)	State Funding	SAPT Funding	20% Set-aside
1993	\$0	7,124,951	1,484,494
1994	0	7,807,911	1,568,070
1995	0	9,825,619	1,965,123

Allocation of Funds

CSAP Strategy	FFY 1993	FFY 1994	FFY 1995
Information Dissemination	N/A*	\$564,506	\$687,793
Education	N/A	517,463	628,840
Alternatives	N/A	125,446	196,512
Problem Identification and Referral	N/A	219,530	275,117
Environmental	N/A	62,721	78,606
Community-based Process	N/A	78,404	98,256
Other	N/A	0	0

*Data not available from State.

Resource Spending	FFY 1993	FFY 1994	FFY 1995
Planning, Coordination, and Needs Assessment	\$0	\$0	\$0
Quality Assurance	0	0	0
Training (post-employment)	0	0	0
Education (pre-employment)	0	0	0
Program Development	0	0	0
Research and Evaluation	0	0	0
Information Systems	0	0	0

Substate entities receiving set-aside funds for prevention service delivery

- 15 community MH/MR centers
- 10 freestanding clinics*

*Receive a mix of Federal (SAPT) and State funds.

Average amount of grant/contract*:

- FFY 1993 – \$100,000
- FFY 1994 – \$100,000
- FFY 1995 – \$100,000

*Estimates, provided by State.

Per-capita 20% set-aside spending (population):

- FFY 1993 – \$0.55
- FFY 1994 - \$0.62
- FFY 1995 - \$0.74

Staff/Volunteers designated and supported by set-aside funding and level:

- FFY 1993 -
 - State: N/A*
 - Regional: N/A
 - Local: N/A
- FFY 1994 -
 - State: N/A
 - Regional: N/A
 - Local: N/A
- FFY 1995 -
 - State: 1 FTE
 - Regional: N/A
 - Local: N/A

*Data not available from State.

STATE CONTACT

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PROGRAMS AND SERVICES

Definition of Prevention:

Mississippi does not utilize a single definition of prevention, but recognizes several premises of prevention service delivery, established by CSAP:

- Prevention strategies must be comprehensively structured to reduce individual and environmental risk factors and to increase resiliency factors in high-risk populations.
- Community involvement is a necessary component of an effective prevention strategy.
- Prevention must be integrated with general health care and social services delivery systems, and it must provide a full continuum of services.
- Prevention approaches and activities that are tailored to a variety of subpopulations are most effective.

Does the State have prevention plan?

Yes, the *Five-Year Plan for Prevention Services 1998-2002*.

Target populations for prevention services:

- Adults
- Youth
- Clients of community mental health centers

Total Number served:*

- FFY 1993 – 37,000
- FFY 1994 – 102,000
- FFY 1995 – 175,000

*Estimates, provided by Prevention Coordinator.

Programs funded:

Type	Number of Programs/Number Served			Programs
	FFY 1993	FFY 1994	FFY 1995	
Information Dissemination	N/A*/53,526	N/A/37,246	N/A/50,000**	DREAM, Inc.; Prevention Resource Center (Jackson State University); RADAR Network (4 centers statewide)
Education	N/A/53,526	N/A/37,246	N/A/50,000**	DREAM, Inc.; Not Here Foundation
Community- and School-Based Processes	N/A	N/A/15,000**	N/A/15,000**	Not Here Foundation

*Data not available from State.

**Estimate, provided by Prevention Coordinator.

DATA COLLECTION ACTIVITIES

Results currently available on prevention programs funded by the 20% set-aside (including needs assessment and data collection):

The Division of Alcohol and Drug Abuse collects data from the 15 regional community mental health centers (CMHCs) via the Substance Abuse Prevention Services Reporting System (SAPSRS). This data-collection instrument, implemented in January 1998, is utilized for prevention programs offered by the 15 CMHCs. The CMHCs, as well as other freestanding local providers, forward these instruments to the State office in Jackson on a monthly basis.

A pilot electronically-based data collection system has been developed in Mississippi. Denoted Computer Applications for Prevention Technology (CAPT), this system will be implemented statewide, based on the success of the pilot program.

SUPPORT SERVICES

Training and Technical Assistance:

Until the mid-1990s, training that the Division of Alcohol and Drug Abuse has provided emphasized the field of treatment rather than prevention. One of the goals of the State's five year prevention plan – submitted in 1997 – is "to develop and implement prevention training activities that are based on providers' identified training needs and identified gaps in the prevention service system."

As a first step in achieving this goal, DADA assessed the needs of the community mental health centers (CMHCs) in regard to prevention programming and conducted an initial round of customized training and technical assistance for the centers. A staff member at each CMHC was designated as the prevention contact. This staff member then worked with DADA staff on program strategies, goals/objectives, and program implementation. Based on needs identified at this level, DADA also worked with CMHC staff to allocate funds more effectively to prevention activities. The training also focused on compliance with new minimum standards required of each CMHC (and other entities) receiving prevention funds.

Certification Activities:

Presently Mississippi does not have a certification process in place for its prevention professionals, but it does require a Bachelor's degree – at minimum – for these individuals. Plans are underway to implement such a process within five years.